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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Ohio State Medical Association Political Action Committee 3401 Mill Run Dr ADDRESS (number and street) Check if different than previously Hilliard ОН 43026 9078 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00003327 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2005 12 3 1 2005 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Timothy I. Maglione Type or Print Name of Treasurer Electronically Filed by Timothy I. Maglione 04 14 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Ohio State Medical Association Political Action Committee " D " D 0.7 12 0 1 2005 3 1 2005 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2005 216264.38 January 1 (b) Cash on Hand at 235651.55 Begining of Reporting Period 151353.07 257136.44 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 387004.62 473400.82 6(a) and 6(c) for Column B) 194241.13 292803.13 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 192763.49 180597.69 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

Ohio State Medical Association Political Action Committee

Report Covering the Period: From: 07 01 2005

COLUMN A COLUMN B

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	25783.32	66782.93
	(ii) Unitemized	43069.96	107952.03
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	68853.28	173885.35
((b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
,	(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	68853.28	173885.35
	Transfers From Affiliated/Other Party Committees	0.00	0.00
3. /	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
((Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
1	Refunds of Contributions Made to Federal candidates and Other Political Committees	500.00	500.00
	Other Federal Receipts (Dividends, Interest, etc.)	81999.79	82751.09
	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	151353.07	257136.44
	Total Federal Receipts (subtract Line 18(c) from Line 19)	151353.07	257136.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 99970.00 116680.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 94250.00 168750.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 21.13 7373.13 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 194241.13 292803.13 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... 194241.13 292803.13

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	68853.28	173885.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	68853.28	173885.35
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 58 (check only one)
Ar	by information copied from such Reports and Statem for commercial purposes, other than using the name	ents may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Š	NAME OF COMMITTEE (In Full) Ohio State Medical Association Political Ac		•	COLOR COLLIDATION FOR COLOR COLLINATED.
Α.	Toledo FEC ID number of contributing federal political committee.	State OH	Zip Code 43623-1095	Date of Receipt M M
	Receipt For: Primary Other (specify)	ccupation hysiciar ggregate		eral PAC
В.	Full Name (Last, First, Middle Initial) Dr. Margaret Mary LeMasters Mailing Address 6 Cypress Garden St			Date of Receipt 0 7
	•	State OH	Zip Code	Transaction ID: T7483
	FFC ID somehow of a catalla time.	C	45220-1121	Amount of Each Receipt this Period 300.00
	For Women Inc	ccupatior hysiciar	1	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 300.00	
C.	Full Name (Last, First, Middle Initial) Dr. Kumbla Premanand Nayak Mailing Address 11440 Brattle Ln			Date of Receipt 0 7 2 9 2 0 0 5
		State	Zip Code	Transaction ID: T7472
	FFC ID somehow of a catalla time.	OH C	45249-3608	Amount of Each Receipt this Period 300.00
	Eastern Orthopaedics Inc	ccupatior hysiciar	1	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify)	aggregate	Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			1100.00
Т	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 58
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	y information copied from such Reports and St	atements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Ohio State Medical Association Politica	al Action Co	mmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Steven Francis Brezny			Date of Receipt
	Mailing Address 4339 Village Club Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T7477
	Powell	OH	43065-7324	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Family Physicians At Wedg-	Occupation		A Contribution to the Federal PAC
	ewood Receipt For:	Physician	Year-to-Date V	_
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼	0 0	250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Norman Dean E Raymond			Date of Receipt
	Mailing Address 398 Farmeadow Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T7473
	Westerville	OH	43082-8857	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Marysville Obstetrics And Gynecology I	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:		Year-to-Date ▼	
	Primary General		200.00	1
	Other (specify) ▼		300.00	
C.	Full Name (Last, First, Middle Initial) Dr. Dwight Allen Scarborough			Date of Receipt
	Mailing Address 650 Shawan Falls Dr			07 29 2005
	City	State	Zip Code	Transaction ID: T7482
	<u>Dublin</u>	OH	43017-2100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Affiliated Dermatology &	Occupation		A Contribution to the Federal PAC
	Cosmetic Surg	Physiciar		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		700.00	
	Other (specify) ▼			1
s	UBTOTAL of Receipts This Page (optional)			925.00
	OTAL TILL D. 1.14			
T	OTAL This Period (last page this line number of	oniy)		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 58					
	EMIZED RECEIPTS	or each category of the	(check only one)					
•••	LIVIIZED MEDEN 13	Detailed Summary Page	X 11a 11b 11c 12 15 16 17					
Δι	ny information copied from such Reports and Statements r	nay not be sold or used by any nerso						
or	for commercial purposes, other than using the name and	address of any political committee to	solicit contributions from such committee.					
\setminus	NAME OF COMMITTEE (In Full)							
$ \rangle$	Ohio State Medical Association Political Action	Committee						
\angle								
Α.	Full Name (Last, First, Middle Initial) Dr. Walter James Wielkiewicz		Date of Receipt					
	Mailing Address 5180 Heritage Dr		M M / D D / Y Y Y Y					
			07 29 2005					
	City State	Zip Code	Transaction ID: T7476					
	Nashport OH	43830-9711	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee		100.00					
	federal political committee.							
	Name of Employer PrimeCare Of Southeastern Occupa	tion	A Contribution to the Federal PAC					
	Ohio Inc Physic							
		ate Year-to-Date ▼						
	Primary General Other (specify)	700.00						
	Other (specify)	0 0 0 0 0 0 0						
_	Full Name (Last, First, Middle Initial)							
В.			Date of Receipt					
	Mailing Address 5180 Heritage Dr		08 30 Y Y Y Y Y Y Y Y					
	City State	Zip Code						
	Nashport OH	43830-9711	Transaction ID: T8085 Amount of Each Receipt this Period					
	FFC ID accepts of a contribution	40000 3711						
	federal political committee.		100.00					
	Name of Freedom	Proces	A Contribution to the Fed-					
	Name of Employer PrimeCare Of Southeastern Ohio Inc Physic		eral PAC					
	<u>Chilo lilo</u>	ate Year-to-Date ▼	-					
	Primary General		1					
	Other (specify)	800.00						
			-					
C	Full Name (Last, First, Middle Initial) Dr. John Warner Thomas		Date of Receipt					
Ο.	Mailing Address 3418 Tamarack Ln		M M / D D / Y Y Y Y					
			09 01 2005					
	City State	Zip Code	Transaction ID: T8659					
	Wooster OH	44691-7206	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee		1000.00					
	federal political committee.		A Contribution to the Ford					
	Name of Employer Wooster Eye Center Occupa		A Contribution to the Federal PAC					
	Physic							
		ate Year-to-Date ▼						
	Primary General Other (specify) ▼	1000.00						
		0 0 0 0 0 0 0 0						
	'							
s	SUBTOTAL of Receipts This Page (optional)							
\vdash		·						
T	OTAL This Period (last page this line number only)	>						

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 9 / 58
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
11	EMIZED RECEIP 15		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u></u>	NAME OF COMMITTEE (In Full)		and or any point of the military to	
$ \rangle$	Ohio State Medical Association Politica	LAction Co	mmittee	
	Cine State Wedical Acceptation 1 Sittled	171011011 00		
_	Full Name (Last, First, Middle Initial)			
Α.	Dr. Set Shahbabian			Date of Receipt
	Mailing Address 3482 Fiddlers Green			09 01 2005
	City	State	Zip Code	Transaction ID: T8670
	Cincinnati	OH	45248-2810	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		200.00
	Nome of Employer	Occupation	<u> </u>	A Contribution to the Fed-
	Name of Employer Set Shahbabian MD Inc	Physician		eral PAC
	Receipt For:		Year-to-Date ▼	
	Primary General	33 15		1
	Other (specify) ▼		400.00	
В.	Full Name (Last, First, Middle Initial) Dr. Raymond John Boniface			Date of Receipt
Ь.	Mailing Address 1669 Walker Mill Rd			M M / D D / Y Y Y Y
	Walling Address 1009 Walker Willi Ad			09 01 2005
	City	State	Zip Code	Transaction ID: T8653
	Poland	OH	44514-3639	Amount of Each Receipt this Period
	FEC ID number of contributing	С		300.00
	federal political committee.	<u> </u>		000.00
	Name of Employer	Occupation	1	A Contribution to the Fed- eral PAC
	Boniface Orthopaedics Inc	Physician	1	oral i no
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)	0 0	000.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Sherif George Awadalla			Date of Receipt
	Mailing Address 2095 Angela Ct			M M / D D / Y Y Y Y
	City	Ctata	Zip Code	09 01 2005
	City Villa Hills	State KY	41017-5321	Transaction ID: T8661
			41017-3321	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	<u> </u>			A Contribution to the Fed-
	Name of Employer Institute For Reproductive	Occupation		eral PAC
	Health Receipt For:	Physician	Year-to-Date ▼	_
	Primary General	Aggregate	Tour to Date ▼	1
	Other (specify)		400.00	
_				
Г				—
s	UBTOTAL of Receipts This Page (optional)			700.00
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TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 58
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a
			Detailed Summary Page	13 14 15 16 17
Ar	ny information copied from such Reports and Si for commercial purposes, other than using the	tatements may	y not be sold or used by any person	on for the purpose of soliciting contributions
7	NAME OF COMMITTEE (In Full)	name and add	aress or any political committee to	Solicit Contributions from Such Committee.
$ \rangle$	Ohio State Medical Association Politica	al Action Co	mmittee	
\angle	Full Name (Last, First, Middle Initial)			
A.	Dr. Richard Bernard Budde, Jr.			Date of Receipt
	Mailing Address 930 Cedarpark Dr			0 9 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T8672
	Cincinnati	OH	45233-4879	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Professional Radiology Inc	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify) ▼	0 0	+00.00	
В.	Full Name (Last, First, Middle Initial) Dr. Patrick Gerard Kirk			Date of Receipt
	Mailing Address 8405 Eustisfarm Ln			09 01 2005
	City	State	Zip Code	Transaction ID: T8667
	Cincinnati	OH	45243-4213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Patrick G Kirk MD	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	300.00	
C.	Full Name (Last, First, Middle Initial) Dr. Ginger Sadler Kubala			Date of Receipt
•	Mailing Address 9993 Sadler Cir			M M / D D / Y Y Y Y
				09 01 2005
	City Loveland	State OH	Zip Code	Transaction ID: T8662
			45140-1867	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Montgomery Family Practice	Occupation		A Contribution to the Federal PAC
	Receipt For:	Physician	n e Year-to-Date ▼	\dashv
	Primary General	Aggregate		1
	Other (specify) ▼	0 0	400.00	
	UPTOTAL ACPOSITE THE P			600.00
	UBTOTAL of Receipts This Page (optional)			
Т	OTAL This Period (last page this line number	only))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 58		
ITEMIZED RECEIPTS		or each category of the	(check only one)		
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	7 17
Δr	y information copied from such Reports and St	atemente may	unot be sold or used by any perso		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
\rangle	Ohio State Medical Association Politica	al Action Co	mmittee		
Α.	Full Name (Last, First, Middle Initial) Dr. Steven Francis Brezny			Date of Receipt	
	Mailing Address 4339 Village Club Dr			09 / 08 / 7 2005	
	City	State	Zip Code	Transaction ID: T8184	
	Powell	OH	43065-7324	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		125.00	
	Name of Employer Family Physicians At Wedg- ewood	Occupation Physician		A Contribution to the Federal PAC	
	Receipt For:		Year-to-Date ▼	7	
	Primary General		375.00		
	Other (specify) ▼	0 0	375.00		
В.	Full Name (Last, First, Middle Initial) Dr. Howard Morris Schecht			Date of Receipt	
	Mailing Address 2103 Whitehall Rd			09 / 08 / 4 9 9	
	City	State	Zip Code	Transaction ID: T8183	
	Toledo	OH	43606-2570	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer Toledo Clinic Inc	Occupation	n	A Contribution to the Fed- eral PAC	
	Toledo Clinic Inc	Physician	า	Sidi i i i i	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Isaac Torem			Date of Receipt	
Ο.	Mailing Address 2699 Oak Forest Dr			M M / D D / Y Y Y Y	ı
				09 08 2005	
	City	State	Zip Code	Transaction ID: T8180	
	Niles	OH	44446-4477	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer Isaac Torem MD Inc	Occupation Physician		A Contribution to the Federal PAC	
	Receipt For:	Aggregate	e Year-to-Date ▼	7	
	Primary General		200.00		
	Other (specify)	0 0	300.00		
s	UBTOTAL of Receipts This Page (optional)			725.00	
\vdash			•		
T	OTAL This Period (last page this line number of	only)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/58
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 17 15 16 17 17 17 17 17 17 17
Δη	w information conied from such Reports and St	atemente may	y not be sold or used by any perso	
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Ohio State Medical Association Politica	al Action Co	mmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Anthony Ross DeSalvo			Date of Receipt
	Mailing Address 1996 Celestial Dr NE			09 12 7 2005
	City	State	Zip Code	Transaction ID: T8288
	Warren	OH	44484-3981	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer OBGYN Associates Of Warren	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:		Year-to-Date ▼	
	Primary General	33 0		1
	Other (specify)	0 0	700.00	
В.	Full Name (Last, First, Middle Initial) Dr. Nicholas Paul Mastros			Date of Receipt
	Mailing Address 4151 County Rd 26			09 12 2005
	City	State	Zip Code	Transaction ID: T8277
	Steubenville	OH	43953-7104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:	Aggregate	Year-to-Date ▼	
				_
	Primary General Other (specify) ▼	0 0	400.00	
	Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	400.00	Date of Receipt
<u> </u>	Other (specify) ▼		400.00	Date of Receipt
C .	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Elizabeth Ann Roseberry Mailing Address 1446 Eagle Pass Dr	State		09 12 2005
C .	Other (specify) Full Name (Last, First, Middle Initial) Dr. Elizabeth Ann Roseberry Mailing Address 1446 Eagle Pass Dr City	State OH	Zip Code	0 9 1 2 2 0 0 5 Transaction ID: T8323
C .	Other (specify) Full Name (Last, First, Middle Initial) Dr. Elizabeth Ann Roseberry Mailing Address 1446 Eagle Pass Dr City Marion	ОН		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Dr. Elizabeth Ann Roseberry Mailing Address 1446 Eagle Pass Dr City Marion FEC ID number of contributing federal political committee.	OH	Zip Code 43302-8138	Transaction ID: T8323 Amount of Each Receipt this Period 200.00
C.	Tull Name (Last, First, Middle Initial) Dr. Elizabeth Ann Roseberry Mailing Address 1446 Eagle Pass Dr City Marion FEC ID number of contributing federal political committee. Name of Employer Marion General Hospital	ОН	Zip Code 43302-8138	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Other (specify) Full Name (Last, First, Middle Initial) Dr. Elizabeth Ann Roseberry Mailing Address 1446 Eagle Pass Dr City Marion FEC ID number of contributing federal political committee. Name of Employer Marion General Hospital Receipt For:	OH C Occupation Physician	Zip Code 43302-8138	Transaction ID: T8323 Amount of Each Receipt this Period 200.00 A Contribution to the Fed-
<u> </u>	Tull Name (Last, First, Middle Initial) Dr. Elizabeth Ann Roseberry Mailing Address 1446 Eagle Pass Dr City Marion FEC ID number of contributing federal political committee. Name of Employer Marion General Hospital	OH C Occupation Physician	Zip Code 43302-8138	Transaction ID: T8323 Amount of Each Receipt this Period 200.00 A Contribution to the Fed-
	Full Name (Last, First, Middle Initial) Dr. Elizabeth Ann Roseberry Mailing Address 1446 Eagle Pass Dr City Marion FEC ID number of contributing federal political committee. Name of Employer Marion General Hospital Receipt For: Primary General Other (specify) ▼	OH C Occupation Physician Aggregate	Zip Code 43302-8138	Transaction ID: T8323 Amount of Each Receipt this Period 200.00 A Contribution to the Fed-
	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Elizabeth Ann Roseberry Mailing Address 1446 Eagle Pass Dr City Marion FEC ID number of contributing federal political committee. Name of Employer Marion General Hospital Receipt For: Primary General	OH C Occupation Physician Aggregate	Zip Code 43302-8138	Transaction ID: T8323 Amount of Each Receipt this Period 200.00 A Contribution to the Federal PAC

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 58
ITEMIZED RECEIPTS		or each category of the	(check only one)	
-			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Ohio State Medical Association Politica	Action Co	mmittee	
	Offic State Medical Association Folitica	ii Action Co	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
_	Full Name (Last, First, Middle Initial)			Data of Baselini
Α.	Dr. Paul Anthony DiBiase, Jr. Mailing Address 106 Hiddenwood Dr			Date of Receipt
	Mailing Address 106 Hidderiwood Dr			09 15 2005
	City	State	Zip Code	Transaction ID: T8349
	Steubenville	OH	43953-3418	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:		Year-to-Date ▼	-
	Primary General			1
	Other (specify) ▼	0 0	400.00	
В.	Full Name (Last, First, Middle Initial) Dr. Steven Donald Johnson			Date of Receipt
	Mailing Address 191 Compton Rd			09 16 2005
	City	State	Zip Code	Transaction ID: T8694
	Cincinnati	OH	45215-5153	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Samaritan OBGYN Inc	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify) ▼	0 0	0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Dr. Glen Mark Burton			Date of Receipt
٠.	Mailing Address 2736 Edgehill Rd			M M / D D / Y Y Y Y
				09 16 2005
	City Toledo	State OH	Zip Code	Transaction ID: T8683
			43615-2328	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation	1	A Contribution to the Fed-
	Name of Employer Toledo Clinic Inc	Physician		eral PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	300.00]
	Other (specify)			
S	UBTOTAL of Receipts This Page (optional)			700.00
\vdash				
т	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 14 / 58 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full)			
	Ohio State Medical Association Political	Action Co	mmittee	_
A.	Full Name (Last, First, Middle Initial) Dr. Raj Kumar Narayan			Date of Receipt
	Mailing Address 8575 Given Rd			09 16 2005
	City	State	Zip Code	Transaction ID: T8688
	Cincinnati	OH	45243-1159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Mayfield Clinic Inc	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Paul Joseph Crowley			Date of Receipt
	Mailing Address 1445 Christmas Run Blv	/d		09 19 2005
	City	State	Zip Code	Transaction ID: T8511
	Wooster	OH	44691-1501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Paul J Crowley MD	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Krishnaiah Chou Garlapati			Date of Receipt
	Mailing Address 214 N Tecumseh Trl			09 19 2005
	City	State	Zip Code	Transaction ID: T8486
	<u>Tiffin</u>	OH	44883-3461	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Krishnaiah C Garlapatti MD	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:	· · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼	1
	Primary General	· · ·	300.00	1
	Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)			700.00
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TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 58
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and Stat	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Ohio State Medical Association Political	Action Co	mmittee	
	Offic State Medical Association Folitical	Action Co	mmillee	
_	Full Name (Last, First, Middle Initial)			Data of Daggint
Α.	Dr. Melinda Joann Woofter Mailing Address 25 Phillips GIn			Date of Receipt
	23 1 11111113 3111			09 26 2005
	City	State	Zip Code	Transaction ID: T8457
	Granville	ОН	43023-8700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Midwest Dermatology Center	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:		Year-to-Date ▼	
	Primary General	1	400.00	1
	Other (specify)	0 0		
— В.	Full Name (Last, First, Middle Initial) Dr. Andrew Martin Zurick			Date of Receipt
	Mailing Address 1936 Wynstone Cir NE			09 28 2005
	City	State	Zip Code	Transaction ID: T8614
	North Canton	OH	44720-3366	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Ohio Hospital Based Physi-	Occupation		A Contribution to the Federal PAC
	cians Corp	Physician		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		400.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Milan John Packovich Mailing Address 1429 Deer Hill Rd			Date of Receipt
	Maining Address 1429 Deel Hill No			09 28 2005
	City	State	Zip Code	Transaction ID: T8608
	Dennison	OH	44621-9348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Twin City Medical Group	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		275.00	
	Other (specify)	0 0		1
s	UBTOTAL of Receipts This Page (optional)			600.00
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T	OTAL This Period (last page this line number on	ly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a
Ar	ny information copied from such Reports and Statements for commercial purposes, other than using the name and	may not be sold or used by any perso	n for the purpose of soliciting contributions
Š	NAME OF COMMITTEE (In Full) Ohio State Medical Association Political Action		ooner contributions from coon continued.
Α.	Full Name (Last, First, Middle Initial) Dr. Milan John Packovich Mailing Address 1429 Deer Hill Rd		Date of Receipt
	City State	z Zip Code	0 9 2 8 2 0 0 5 Transaction ID: T8609
	Dennison OH	44621-9348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		75.00
	Name of Employer Twin City Medical Group Occup Physi	cian	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify)	gate Year-to-Date ▼ 275.00	
В.	Full Name (Last, First, Middle Initial) Dr. Philip D Junglas Mailing Address 8054 Dines Rd		Date of Receipt
	City State	z Zip Code	0 9 2 9 2 0 0 5 Transaction ID: T8521
	Novelty OH	44072-9501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		200.00
	Name of Employer Occup Cleveland Physicians Inc Physi		A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	gate Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. John Michael Lepi		Date of Receipt
	Mailing Address 5900 Lattimer Dr		10 04 2005
	City State Nashport OH	zip Code 43830-9428	Transaction ID: T8732 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	45050-3420	200.00
	Name of Employer John M Lepi MD Inc Physi	cian	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	gate Year-to-Date ▼ 400.00	
s	UBTOTAL of Receipts This Page (optional)		475.00
Т	OTAL This Period (last page this line number only)	>	

S	CHEDULE A (FEC Form 3X)		Lise separate schodulo(s)	FOR LINE NUMBER: PAGE 17 / 58
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Ohio State Medical Association Political	Action Co	mmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Sidney Jerome Steinberger Mailing Address 3903 Yellow Creek W City Akron FEC ID number of contributing federal political committee. Name of Employer Sidney J Steinberger MD	State OH C Occupation Physician		Date of Receipt M M J D D J Z D O 5 Transaction ID: T8801 Amount of Each Receipt this Period 250.00 A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Dr. William Ellis Tucker Mailing Address 2865 Sands Rd			Date of Receipt 10 24 2005
	City	State	Zip Code	Transaction ID: T8927
	<u>Lima</u>	OH	45805-3818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00 A Contribution to the Fed-
	Name of Employer Premier Health Care Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		eral PAC
_	Full Name (Last, First, Middle Initial)			Data of Bookint
٠.	Dr. Vincent Wayne Vanek Mailing Address 1225 Macachee Dr			Date of Receipt 1 0 2 8 2 0 0 5
	City	State	Zip Code	Transaction ID: T9106
	Youngstown FEC ID number of contributing federal political committee.	ОН	44511-3661	Amount of Each Receipt this Period 200.00
	Name of Employer	Occupation Physician	1	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
s	UBTOTAL of Receipts This Page (optional)			650.00
T	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 58
ıт	EMIZED RECEIPTS	or each category of the	(check only one)
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Δ.	w information against from auch Paparta and Statementa me	ny not be cold or used by any perce	13 14 15 16 17
or	ny information copied from such Reports and Statements ma for commercial purposes, other than using the name and ac	ldress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		
$ \rangle$	Ohio State Medical Association Political Action C	ommittee	
\angle			
Α.	Full Name (Last, First, Middle Initial) Dr. Jean-Claud M Tabet		Date of Receipt
Α.	Mailing Address 2600 Tuscarawas St W		M M / D D / Y Y Y Y
	2000 Tuscarawas St W		10 28 2005
	City State	Zip Code	Transaction ID: T9122
	<u>Canton</u> OH	44708-4644	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		500.00
	federal political committee.		300.00
	Name of Employer Jean-Claud Tabet MD Occupation Description	on	A Contribution to the Fed- eral PAC
	Jean-Claud Tabet MD Physicia	ın	erari AO
		re Year-to-Date ▼	
	Primary General	500.00	
	Other (specify) ▼	000.00	
	Full Name (Last, First, Middle Initial)		+
В.	,		Date of Receipt
	Mailing Address 2920 Tracewood Dr		M M / D D / Y Y Y Y
		7. 0.	10 28 2005
	City State	Zip Code	Transaction ID: T9119
	Toledo OH	43617-2305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
			A Contribution to the Fed-
	Name of Employer Consulting Radiologists Occupation Occupation Occupation Occupation		eral PAC
	Corp	ın :e Year-to-Date ▼	_
	Receipt For: Aggregat Primary General	e real-lu-Dale 🔻	1
	Other (specify) ▼	1000.00	
_	Full Name (Last, First, Middle Initial)		
Ċ.	Dr. Blaise Vincent Jones		Date of Receipt
	Mailing Address 6814 Treeridge Dr		10 28 2005
	City State	Zip Code	Transaction ID: T9114
	<u>Cincinnati</u> OH	45244-3577	Amount of Each Receipt this Period
	FEC ID number of contributing		200.00
	federal political committee.		200.00
	Name of Employer Occupation	on	A Contribution to the Federal PAC
	Name of Employer Cincinnati Childrens Hospital Medical Occupation Physicial		erai PAO
		e Year-to-Date ▼	7
	Primary General	398.75	
	Other (specify) ▼	330.73	
6	UBTOTAL of Receipts This Page (optional)	k	1700.00
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1	OTAL This Period (last page this line number only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 19/58
	EMIZED RECEIPTS		or each category of the	(check only one)	1
••	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
۸۰	w information copied from such Benerte and C	totomonto mo	reat he cold or wood by any norce		
or	ly information copied from such Reports and Sifor commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	such committee.
	NAME OF COMMITTEE (In Full)				
\rangle	Ohio State Medical Association Politica	al Action Co	mmittee		
A.	Full Name (Last, First, Middle Initial) Dr. Pang-hsiun Huang			Date of Receipt	
	Mailing Address 689 Colonial Dr		7: 0 1	10 28	2005
	City	State	Zip Code	Transaction ID: T9	
	Youngstown	OH	44505-2209	Amount of Each Red	eipt this Period
	FEC ID number of contributing federal political committee.	C			200.00
	Name of Employer Pang-Hsiung Huang MD	Occupation Physician		A Contribution to the eral PAC	ne Fed-
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		400.00	1	
	Other (specify) ▼	0 0	400.00		
В.	Full Name (Last, First, Middle Initial) Dr. Kevin Michael Chartrand			Date of Receipt	
	Mailing Address 13310 Auburn Rd			10 / 28	2005
	City	State	Zip Code	Transaction ID: T9	110
	Chardon	OH	44024-9344	Amount of Each Red	eipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Kevin Chartrand MD FAAFP	Occupation Physician		A Contribution to the eral PAC	ne Fed-
	Receipt For:		Year-to-Date ▼		
	Primary General	00 0	2000.00	1	
	Other (specify) ▼		2000.00		
C.	Full Name (Last, First, Middle Initial) Dr. Kenneth Gordon Amend			Date of Receipt	
	Mailing Address 5075 Shepherd			10 / 28	2005
	City	State	Zip Code	Transaction ID: T9	
	Cincinnati	OH	45223	Amount of Each Red	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Amend Eye Care Center	Occupation Physician		A Contribution to the eral PAC	ne Fed-
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify) ▼	0 0	300.00		
s	UBTOTAL of Receipts This Page (optional)				1700.00
\vdash			•	-	
T	OTAL This Period (last page this line number	only)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 58
	EMIZED RECEIPTS		or each category of the	(check only one)
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Δr	ny information copied from such Reports and Stater	ments may	y not be sold or used by any perso	
or	for commercial purposes, other than using the nan	ne and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	Ohio State Medical Association Political A	ction Co	mmittee	
_	Full Name (Last, First, Middle Initial)			
A.	Dr. Walter James Wielkiewicz			Date of Receipt
	Mailing Address 5180 Heritage Dr			10 31 2005
	City	State	Zip Code	
	Nashport	OH	43830-9711	Transaction ID: T8998 Amount of Each Receipt this Period
	FEC ID number of contributing		10000 0.11	
	federal political committee.	C		100.00
	PrimoCaro Ot Southoactorn	Occupation		A Contribution to the Federal PAC
	Ohio Inc	Physiciar		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		900.00	
		0 0		
R	Full Name (Last, First, Middle Initial) Dr. Edward N Hughes			Date of Receipt
٥.	Mailing Address 5057 Rolling Woods Trl			M M / D D / Y Y Y Y
				11 02 2005
	City	State	Zip Code	Transaction ID: T9048
	Kettering	ОН	45429-1110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	- Tederal political committee.			A Contribution to the Fed-
	Firet Dayton Dadiation On	Occupation		eral PAC
	cology Inc	Physiciar		_
	Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼		500.00	
C.	Full Name (Last, First, Middle Initial) Dr. Ricardo Arturo Roa			Date of Receipt
Ο.	Mailing Address 470 Private Rd 97			M M / D D / Y Y Y Y
				11 03 2005
	City	State	Zip Code	Transaction ID: T9053
	South Point	OH	45680-7404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	rederal political committee.			A Contribution to the Fod
	Tri State Otolarimaelegy	Occupation		A Contribution to the Federal PAC
	Head & Neck S	Physiciar		_
	Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)		300.00	
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				900.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 21 / 58 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Ohio State Medical Association Politic			
Α.	Full Name (Last, First, Middle Initial) Dr. Ronald I Veatch Mailing Address 123 Homewood Ave City Steubenville FEC ID number of contributing federal political committee.	State OH	Zip Code 43952-2320	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Steubenville Radiology Associates Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		A Contribution to the Federal PAC
В.	Full Name (Last, First, Middle Initial) Dr. Lance Allen Talmage Mailing Address 3525 Ridgewood Rd			Date of Receipt 1 1 2 1 2 0 0 5
	City	State	Zip Code	Transaction ID: T9215
	Toledo FEC ID number of contributing federal political committee. Name of Employer The Toledo OB/GYN Associates Inc Receipt For: Primary General Other (specify) ▼	OH C Occupation Physician Aggregate		Amount of Each Receipt this Period 41.66 A Contribution to the Federal PAC
C .	Full Name (Last, First, Middle Initial) Dr. Katherine Tabatowski Mailing Address 5175 Hampton Ct			Date of Receipt 1 1 2 1 2 0 0 5
	City	State OH	Zip Code	Transaction ID: T9225
	Zanesville FEC ID number of contributing federal political committee.	С	43701-8714	Amount of Each Receipt this Period 500.00
	Name of Employer Genesis Healthcare System - Bethesda Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		A Contribution to the Federal PAC
s	UBTOTAL of Receipts This Page (optional)			741.66
Т	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(s)	FOR LINE NUMBER: PAGE 22 / 58
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X
			, ,	13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	Ohio State Medical Association Political	Action Co	mmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Walter James Wielkiewicz			Date of Receipt
	Mailing Address 5180 Heritage Dr			11 21 2005
	City	State	Zip Code	Transaction ID: T9216
	Nashport	OH	43830-9711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer PrimeCare Of Southeastern Ohio Inc	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:		e Year-to-Date ▼	7
	Primary General Other (specify) ▼		1000.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Mark Edward Jonas			Date of Receipt
	Mailing Address 3793 Brighton Manor Ln			1 1 2 1 2 0 0 5
	City	State	Zip Code	Transaction ID: T9221
	Cincinnati	OH	45208-1965	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Greater Cincinnati Gastro-	Occupation	n	A Contribution to the Federal PAC
	enterology As	Physiciar		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Steven Francis Brezny			Date of Receipt
	Mailing Address 4339 Village Club Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T9219
	Powell	OH	43065-7324	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Family Physicians At Wedg- ewood	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			725.00
Т	OTAL This Period (last page this line number or	nly)	······	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 58
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	y information copied from such Reports and Sta	temente may	y not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	Ohio State Medical Association Political	Action Co	mmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Andrew Louis Archer			Date of Receipt
	Mailing Address 102 Castle Pine Ct			111 21 2005
	City	State	Zip Code	Transaction ID: T9212
	Xenia	ОН	45385-8952	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Providence Medical Group Inc	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Kristine Ann Kunesh-Part			Date of Receipt
	Mailing Address 807 George Wythe Com	imons		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T9211
	Dayton	ОН	45459-2940	Amount of Each Receipt this Period
	FEC ID number of contributing			300.00
	federal political committee.	C		300.00
	Name of Employer	Occupation	 1	A Contribution to the Federal PAC
	Kunesh Eye Center Inc	Physician		erai i AO
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)	0 0		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. William Michael McCullough, Jr.			Date of Receipt
•	Mailing Address 139 Signature Dr S			M M / D D / Y Y Y Y
				11 21 2005
	City	State	Zip Code	Transaction ID: T9218
	Xenia	OH	45385-8901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.66
	Name of Employer Oak Creek OB/GYN Inc	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:	· ·	Year-to-Date V	\dashv
	Primary General	7.99.094.0		1
	Other (specify) ▼	0 0	208.30	
	IJPTOTAL of December This December 2			841.66
\vdash^{s}	UBTOTAL of Receipts This Page (optional)			
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 58 (check only one)
Ar	y information copied from such Reports and Statemer for commercial purposes, other than using the name a	nts may and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Ohio State Medical Association Political Activ		•	
Α.	Full Name (Last, First, Middle Initial) Dr. John Gregory Rosenthal Mailing Address 6936 Shadowcreek Dr			Date of Receipt
		tate	Zip Code	1 1 2 1 2 0 0 5 Transaction ID: T9220
	Maumee O FEC ID number of contributing federal political committee. C		43537-1056	Amount of Each Receipt this Period 500.00
	Vision Associates Inc Phy	cupation ysician	1	A Contribution to the Federal PAC
	Receipt For: Primary General Other (specify)	gregate	Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Haig G Tozbikian Mailing Address 1545 Brittany Hills Dr			Date of Receipt
	•	tate	Zip Code	1 1 3 0 2 0 0 5 Transaction ID: T9293
	Dayton O FEC ID number of contributing federal political committee. C		45459-1423	Amount of Each Receipt this Period 200.00
	Pediatric Anesthesia Asso- ciates Of Day Phy	cupation ysician gregate		A Contribution to the Federal PAC
<u> </u>	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael Lee Stark	0 0		Date of Receipt
	Mailing Address 9509 Cisco Rd			1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City St Sidney O	tate	Zip Code 45365-9345	Transaction ID: T9295
	FEC ID number of contributing federal political committee.		45305-9345	Amount of Each Receipt this Period 500.00
	Valley Eye Institute ASC Phy	cupation ysician	1	A Contribution to the Federal PAC
	Receipt For: Primary Other (specify)	gregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1200.00
Г	OTAL This Period (last page this line number only)			

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S	CHEDULE A (FEC Form 3X)		l le e e e e e e e e e e e e e e e e e	FOR LINE NUMBER: PAGE 25 / 58
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may	y not be sold or used by any person	on for the purpose of soliciting contributions
Oi		lame and add	aress or any political committee to	Solicit contributions from Such committee.
	NAME OF COMMITTEE (In Full) Ohio State Medical Association Politica	I Action Co	mmittoo	
\angle		II ACTION CO	iiiiiiiiiiiiee	
A.	Full Name (Last, First, Middle Initial) Dr. Clyde Charles Metzger			Date of Receipt
	Mailing Address 500 Main St			1 2 0 9 2 0 0 5
	City	State	Zip Code	Transaction ID: T9362
	Wintersville	ОН	43953-3742	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		200.00
	Name of Employer Medical Group Associates	Occupation		A Contribution to the Federal PAC
		Physician		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)	' '	400.00	
	care (eposity) 🔻	1 1	0 0 0 0 0 0	J.
В.	Full Name (Last, First, Middle Initial) Dr. Joseph Julian Mannella			Date of Receipt
	Mailing Address 106 Crown Ct			M M / D D / Y Y Y Y
				12 13 2005
	City	State	Zip Code	Transaction ID: T9375
	Lancaster	OH	43130-8704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
				A Contribution to the Fed-
	Name of Employer Fairfield Anesthesia Asso-	Occupation		eral PAC
	ciates	Physician		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		400.00	
	Carlot (openity)	0 0		1
<u>С.</u>	Full Name (Last, First, Middle Initial) Dr. James W Lipscomb			Date of Receipt
٠.	Mailing Address 314 Jessing Trl			M M / D D / Y Y Y Y
				12 30 2005
	City	State	Zip Code	Transaction ID: T9748
	Columbus	OH	43235-1473	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
				A Contribution to the Fed-
	Name of Employer	Occupation		eral PAC
	Design From	Physician		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		400.00	
	Strict (Specify) \		0 0 0 0 0 0 0	1
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s	UBTOTAL of Receipts This Page (optional)			600.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	PAGE 26/58
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۸۰	y information copied from such Reports and Sta	stomonto mov	, not be cold or used by any norce		
or	for commercial purposes, other than using the r	name and add	frict be sold of used by any perso dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
\rangle	Ohio State Medical Association Politica	I Action Co	mmittee		
A.	Full Name (Last, First, Middle Initial) Dr. Richard Paul Morin			Date of Receipt	
	Mailing Address 105 E Mills Ave		7: 0 1	12 30	
	City	State	Zip Code	Transaction ID: 7	
	Cincinnati	OH	45215-4331	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Surgical Consultants Of Cincinnati Inc	Occupation Physician		A Contribution to eral PAC	the Fed-
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼	0 0	230.00		
В.				Date of Receipt	
	Mailing Address 5777 Luclare Dr			12 30	
	City	State	Zip Code	Transaction ID: T	9847
	Cincinnati	<u>OH</u>	45233-1902	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	С			200.00
	Name of Employer Oxford Radiology Inc	Occupation	1	A Contribution to eral PAC	the Fed-
	Oxford Radiology Inc	Physician	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary ☐ General Other (specify) ▼		350.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Richard Henry Koop			Date of Receipt	
	Mailing Address 8445 Augusta Ln			M M / D D	/ Y Y Y Y
				12 30	2005
	City	State	Zip Code	Transaction ID: T	
	Holland	OH	43528-9243	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	С			300.00
	Name of Employer Associated Eye Care Inc	Occupation Physician		A Contribution to eral PAC	the Fed-
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		300.00	1	
	Other (specify) 🔻	0 0	300.00		
s	UBTOTAL of Receipts This Page (optional)				750.00
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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 58
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Δη	ry information copied from such Reports and Staten	nente may	not be sold or used by any perso	
or	for commercial purposes, other than using the nam	ne and add	ress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	Ohio State Medical Association Political Ad	ction Co	mmittee	
\angle				
Α.	Full Name (Last, First, Middle Initial) Dr. Molly Ann Katz			Date of Receipt
Λ.	Mailing Address 3994 Rose Hill Ave			M M / D D / Y Y Y Y
				12 30 2005
	City	State	Zip Code	Transaction ID: T9836
	Cincinnati	OH	45229-1448	Amount of Each Receipt this Period
	FEC ID number of contributing	С		400.00
	federal political committee.	<u> </u>		
	Name of Employer CKatz Kade & Hewitt Inc	Occupation	1	A Contribution to the Federal PAC
	Katz Kade & Hewitt Inc	Physician	l	orar 1710
		Aggregate	Year-to-Date ▼	
	Primary General		600.00	1
	Other (specify) ▼			J
	Full Name (Last, First, Middle Initial)			
В.	,			Date of Receipt
	Mailing Address 7185 Overlook Cir			M M / D D / Y Y Y Y
	<u></u>	0	7: 0 1	12 30 2005
	City	State	Zip Code	Transaction ID: T10037
	Lambertville	MI	48144-9455	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	rodoral political committee			A Contribution to the Fod
				— A COMMONION IO ME FEO-
	Tolodo Clinió Ino	Occupation		A Contribution to the Federal PAC
	Toledo Clinić Inc	Physician	<u> </u>	
	Toledo Clinic Inc P Receipt For:	Physician		
	Toledo Clinić Inc	Physician	<u> </u>	
	Toledo Clinic Inc Receipt For: Primary General	Physician	Year-to-Date ▼	
_	Toledo Clinic Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Physician	Year-to-Date ▼	eral PAC
	Toledo Clinic Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dwight Allen Scarborough	Physician	Year-to-Date ▼	eral PAC Date of Receipt
	Toledo Clinic Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Physician	Year-to-Date ▼	Date of Receipt
C.	Toledo Clinic Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dwight Allen Scarborough Mailing Address 650 Shawan Falls Dr	Physician	Year-to-Date ▼	Date of Receipt 1 2 3 0 2 0 0 5
C.	Toledo Clinic Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dwight Allen Scarborough	Physiciar Aggregate	Year-to-Date ▼ 300.00	Date of Receipt
C.	Toledo Clinic Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dwight Allen Scarborough Mailing Address 650 Shawan Falls Dr City Dublin	Physiciar Aggregate State OH	Year-to-Date ▼ 300.00 Zip Code	Date of Receipt M M
c.	Toledo Clinic Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dwight Allen Scarborough Mailing Address 650 Shawan Falls Dr City Dublin	Physiciar Aggregate State	Year-to-Date ▼ 300.00 Zip Code	Date of Receipt 1 2 3 0 2 0 0 5 Transaction ID: T9758
 C.	Toledo Clinic Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dwight Allen Scarborough Mailing Address 650 Shawan Falls Dr City Dublin FEC ID number of contributing federal political committee.	Physician Aggregate State OH	Year-to-Date ▼ 300.00 Zip Code 43017-2100	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Toledo Clinic Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dwight Allen Scarborough Mailing Address 650 Shawan Falls Dr City Dublin FEC ID number of contributing federal political committee. Name of Employer Affiliated Dermatology &	Physiciar Aggregate State OH	Year-to-Date ▼ 300.00 Zip Code 43017-2100	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Toledo Clinic Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dwight Allen Scarborough Mailing Address 650 Shawan Falls Dr City Dublin FEC ID number of contributing federal political committee. Name of Employer Affiliated Dermatology & Cosmetic Surg	State OH Occupation Physician	Year-to-Date ▼ 300.00 Zip Code 43017-2100	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	Toledo Clinic Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dwight Allen Scarborough Mailing Address 650 Shawan Falls Dr City Dublin FEC ID number of contributing federal political committee. Name of Employer Affiliated Dermatology & Cosmetic Surg Receipt For: Primary General	State OH Occupation Physician	Year-to-Date ▼ 300.00 Zip Code 43017-2100 Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	Toledo Clinic Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dwight Allen Scarborough Mailing Address 650 Shawan Falls Dr City Dublin FEC ID number of contributing federal political committee. Name of Employer Affiliated Dermatology & Cosmetic Surg Receipt For:	State OH Occupation Physician	Year-to-Date ▼ 300.00 Zip Code 43017-2100	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Toledo Clinic Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dwight Allen Scarborough Mailing Address 650 Shawan Falls Dr City Dublin FEC ID number of contributing federal political committee. Name of Employer Affiliated Dermatology & Cosmetic Surg Receipt For: Primary General	State OH Occupation Physician	Year-to-Date ▼ 300.00 Zip Code 43017-2100 Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Toledo Clinic Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dwight Allen Scarborough Mailing Address 650 Shawan Falls Dr City Dublin FEC ID number of contributing federal political committee. Name of Employer Affiliated Dermatology & Cosmetic Surg Receipt For: Primary General Other (specify) ▼	State OH C Occupation Physician Aggregate	Year-to-Date ▼ Zip Code 43017-2100 Year-to-Date ▼ 900.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Toledo Clinic Inc Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dwight Allen Scarborough Mailing Address 650 Shawan Falls Dr City Dublin FEC ID number of contributing federal political committee. Name of Employer Affiliated Dermatology & Cosmetic Surg Receipt For: Primary General	State OH C Occupation Physician Aggregate	Year-to-Date ▼ Zip Code 43017-2100 Year-to-Date ▼ 900.00	Date of Receipt M M

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 58
ITEMIZED RECEIPTS		or each category of the	(check only one)	
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Δr	y information copied from such Reports and Sta	itements may	not he sold or used by any nerso	
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Ohio State Medical Association Political	Action Co	mmittee	
A.	Full Name (Last, First, Middle Initial) Dr. Beryl M Oser, Jr.			Date of Receipt
	Mailing Address 1885 Edgemont Rd		-	12 30 2005
	City	State	Zip Code	Transaction ID: T9745
	Columbus	OH	43212-1046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Drs Oser & Covel	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:	-	Year-to-Date ▼	7
	Primary General		400.00	1
	Other (specify) ▼	0 0	400.00	
В.	Full Name (Last, First, Middle Initial) Dr. Thomas W Panke			Date of Receipt
	Mailing Address 2225 Beechcreek Ln			M M / D D / Y Y Y Y
	011	12 30 2005		
	City Cincinnati	State OH	Zip Code	Transaction ID: T9842
		ОП	45233-1706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	· ·	10		A Contribution to the Fed-
	Name of Employer Southern Ohio Pathology	Occupation Physician		eral PAC
	Consultants In Receipt For:	· -	Year-to-Date ▼	-
	Primary General	199.194.11		1
	Other (specify) ▼	0 0	400.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Arun Patel			Date of Receipt
	Mailing Address 2119 Orchard Rd			M M / D D / Y Y Y Y
	0::		7: 0 1	12 30 2005
	City	State OH	Zip Code	Transaction ID: T10039
			43606-2623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Sunforest Orthopedics Inc			A Contribution to the Federal PAC
		Physician		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)		300.00	
_	<u> </u>		_ , , , , , , , , , , , , , , , , , , ,	4
				700.00
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SCHEDULE A (FEC Form 3X)		llas seperata sebadula(s)	FOR LINE NUMBER: PAGE 29 / 58	
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
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Ar	ry information copied from such Reports and Statements	s may	not be sold or used by any perso	
or	for commercial purposes, other than using the name an	d add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Ohio State Medical Association Political Action	n Co	mmittee	
_	Full Name (Last, First, Middle Initial)			2. (2.)
Α.	Dr. Samir Bhogilal Patel Mailing Address 9517 E Kemper Rd			Date of Receipt
	Walling Address 9517 E Kemper Rd			12 30 2005
	City Stat	te	Zip Code	Transaction ID: T9862
	<u>Loveland</u> OH		45140-8953	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			300.00
	Name of Employer Occup	pation	 1	A Contribution to the Fed- eral PAC
	Name of Employer Advanced Dermatology & Dermatopatholog Phys			erai FAO
		egate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼	0		
В.	Full Name (Last, First, Middle Initial) Dr. William Stoess Pease			Date of Receipt
	Mailing Address 4103 Clairmont Rd			12 30 7 2005
	City Stat	te	Zip Code	Transaction ID: T9760
	<u>Columbus</u> OH		43220-4501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			200.00
	Name of Employer OSU Physical Medicine &	pation	1	A Contribution to the Fed- eral PAC
	Rehabilitation Phys	siciar	1	
		egate	Year-to-Date ▼	
	Primary General Other (specify)		400.00	
		0		
C.	Full Name (Last, First, Middle Initial) Dr. William Stoess Pease			Date of Receipt
	Mailing Address 4103 Clairmont Rd			12 30 YYYYY 12 30 2005
	City Stat	te	Zip Code	Transaction ID: T9749
	<u>Columbus</u> OH		43220-4501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			200.00
	Name of Employer OSU Physical Medicine &	pation	1	A Contribution to the Fed- eral PAC
	OSU Physical Medicine & Ph			CIAIT AO
	Receipt For: Aggre	egate	Year-to-Date ▼	
	Primary General		400.00	
	Other (specify)	0	+00.00	
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 58			
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or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
	Ohio State Medical Association Politica	I Action Co	mmittee				
A.	Full Name (Last, First, Middle Initial) Dr. Morris Wade Pulliam			Date of Receipt			
	Mailing Address 9485 Hunt Club Trl NE			12 30 2005			
	City	State	Zip Code	Transaction ID: T9864			
	Warren	OH	44484-1740	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer Morris W Pulliam MD Inc	Occupation Physician		A Contribution to the Federal PAC			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00				
В.	Full Name (Last, First, Middle Initial) Dr. Louis Luke Barich			Date of Receipt			
	Mailing Address 549 Main St	1 2 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: T9853			
	<u>Hamilton</u>	OH	45013-3272	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer Louis Luke Barich MD Inc	Occupation Physician		A Contribution to the Federal PAC			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	300.00				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Scott Cameron Blair			Date of Receipt			
	Mailing Address 303 S Drexel Ave			12 30 2005			
	City	State	Zip Code	Transaction ID: T9755			
	Bexley	OH	43209-1742	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	200.00					
	Name of Employer Columbus Oncology & Hemat- ology Associa	Occupation Physician	1	A Contribution to the Federal PAC			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00				
s	UBTOTAL of Receipts This Page (optional)		·····	600.00			

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 58
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Δη	y information copied from such Reports and St	atements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Ohio State Medical Association Politica	al Action Co	mmittee	
_	Full Name (Last, First, Middle Initial)			
Α.	Dr. Rolf F Brunckhorst			Date of Receipt
	Mailing Address 146 Stone Creek Dr			12 30 2005
	City	State	Zip Code	Transaction ID: T9791
	Oxford	OH	45056-9758	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Miami Valley Surgical Ass-	Occupation	<u> </u>	A Contribution to the Federal PAC
	Miami Valley Surgical Ass- ociates Inc	Physiciar	1	J. G. G. T. A. G.
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0		1
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 7008 Tryaltan Ln			12 30 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T10036
	Canfield	OH	44406-9422	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		200.00
	Name of Employer	Occupation	<u> </u>	A Contribution to the Fed-
	Tod Childrens Hospital	Physician		eral PAC
	Receipt For:		Year-to-Date ▼	
	Primary General		400.00	7
	Other (specify)		400.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Michael Charles Albert			Date of Receipt
	Mailing Address 1 Childrens Plz			M M / D D / Y Y Y Y
	Cit.	01-1-	7'- Code	12 30 2005
	City Dayton	State OH	Zip Code 45404-1898	Transaction ID: T9841 Amount of Each Receipt this Period
	•		43404-1656	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Familians	0		A Contribution to the Fed-
	Name of Employer Orthopaedic Center For Sp-	Occupation Physician		eral PAC
	inal & Pediat Receipt For:		Year-to-Date V	\dashv
	Primary General	33 - 3 20		1
	Other (specify) ▼	0 0	300.00	
	IIRTOTAL of Receipts This Page (entires)	750.00		
\vdash	UBTOTAL of Receipts This Page (optional)			
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)			Llac concrete cobodulo(a)	FOR LINE NUMBER: PAGE 32 / 58
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
TI LIVIIZED NEGLIF 13			Detailed Summary Page	X 11a 11b 11c 12
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or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\geq	Ohio State Medical Association Political	Action Co	mmittee	_
A.	Full Name (Last, First, Middle Initial) Dr. Kathleen Anne Alter			Date of Receipt
	Mailing Address 3588 Tiffany Ridge Ln			12 30 2005
	City	State	Zip Code	Transaction ID: T9832
	Cincinnati	OH	45241-3809	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Kathleen Alter MD Inc	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify)	0 0	400.00	
В.	Full Name (Last, First, Middle Initial) Dr. George Tseng Ho			Date of Receipt
	Mailing Address 154 Misty Oak Pl			12 30 7 2005
	City	State	Zip Code	Transaction ID: T9768
	Gahanna	OH	43230-6132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Scioto Valley Urology Inc	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:	· · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify)	0 0	400.00	
C.	Full Name (Last, First, Middle Initial) Dr. Steven Robert Horn			Date of Receipt
	Mailing Address 5285 LaureIridge Ln			12 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: T9868
	Cincinnati	OH	45247-7950	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer	Occupation	1	A Contribution to the Federal PAC
	Talawanda Emergency Physicians Inc	Physiciar	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify)			1
s	UBTOTAL of Receipts This Page (optional)			800.00
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Т	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 58		
ITEMIZED RECEIPTS		or each category of the	(check only one)		
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Ar	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
$ \rangle$	Ohio State Medical Association Political	Action Co	mmittee		
<u>/</u>	Full Name (Last, First, Middle Initial)				
A.	Dr. John S Cohen			Date of Receipt	
	Mailing Address 503 Larchmont Dr			12 30 2005	
	City	State	Zip Code	Transaction ID: T9814	
	Cincinnati	ОН	45215-4215	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		200.00	
	federal political committee.				
	Name of Employer Cincinnati Eye Institute	Occupation		A Contribution to the Federal PAC	
		Physician		4	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1	
	Other (specify)	1	300.00		
_				4	
R	Full Name (Last, First, Middle Initial) Dr. William Herbert Cotton			Date of Receipt	
	Mailing Address 4444 Shull Rd			M M / D D / Y Y Y Y	
		12 30 2005			
	City	State	Zip Code	Transaction ID: T9769	
	Gahanna	OH	43230-1951	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		200.00	
	Name of Frankria			A Contribution to the Fed-	
	Name of Employer Pediatric Academic Associ-	Occupation Physiciar		eral PAC	
	ation Inc Receipt For:	· · · · · · · · · · · · · · · · · · ·	· Year-to-Date ▼	_	
	Primary General		280.00	1	
	Other (specify)		200.00		
	Full Name (Last, First, Middle Initial)				
C.	Dr. Kedar Krishna Deshpande			Date of Receipt	
	Mailing Address 7553 Augusta Woods Te	err		12 30 2005	
	City	State	Zip Code	Transaction ID: T9801	
	Westerville	ОН	43082-7014	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		500.00	
	federal political committee.			A Contribution to the Fed-	
	Name of Employer Orthopaedic & Spine Center	Name of Employer Occupation			
	At Polaris	Physician		<u>_</u>	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		500.00		
				900.00	
	UBTOTAL of Receipts This Page (optional)				
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 58
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\setminus	NAME OF COMMITTEE (In Full)			
	Ohio State Medical Association Politica	al Action Co	mmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Ricardo Mario Buenaventura			Date of Receipt
	Mailing Address 279 Timberleaf Dr			12 30 2005
	City	State	Zip Code	Transaction ID: T9849
	Beavercreek	OH	45430-5106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Dayton PainMed	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:		Year-to-Date ▼	
	Primary General		200.00	7
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Pradip Vyas			Date of Receipt
	Mailing Address 2863 Merrimont Dr			12 30 2005
	City	State	Zip Code	Transaction ID: T10017
	Troy	OH	45373-4541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Daniel Weiss			Date of Receipt
	Mailing Address 5096 Dogwood Trl			12 30 7 2005
	City	State	Zip Code	Transaction ID: T9845
	Lyndhurst	OH	44124-2743	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Your Diabetes Endocrine Nutrition Grou	Occupation Physician		A Contribution to the Federal PAC
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 58	
ITEMIZED RECEIPTS			or each category of the	(check only one)
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or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Ohio State Medical Association Politica	al Action Co	mmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Linda Toivonen Swan			Date of Receipt
	Mailing Address 3097 Dresden Rd			12 30 7 2005
	City	State	Zip Code	Transaction ID: T9833
	Zanesville	OH	43701-1541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer PrimeCare Of Southeastern	Occupation Physician		A Contribution to the Federal PAC
	Ohio Inc Receipt For:		· Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Lawrence Michael Stallings			Date of Receipt
	Mailing Address 1519 Gasche St			12 30 2005
	City	State	Zip Code	Transaction ID: T9873
	Wooster	OH	44691-3020	Amount of Each Receipt this Period
	Wooster FEC ID number of contributing federal political committee.	OH C	44691-3020	500.00
	FEC ID number of contributing		1	
	FEC ID number of contributing federal political committee. Name of Employer	C Occupation Physician	1	500.00 A Contribution to the Fed-
	FEC ID number of contributing federal political committee. Name of Employer Trilogy Cancer Care	C Occupation Physician	1	500.00 A Contribution to the Fed-
	FEC ID number of contributing federal political committee. Name of Employer Trilogy Cancer Care Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	C Occupation Physician	n n Year-to-Date ▼	A Contribution to the Federal PAC
C.	FEC ID number of contributing federal political committee. Name of Employer Trilogy Cancer Care Receipt For: Primary General Other (specify)	C Occupation Physician	n n Year-to-Date ▼	Date of Receipt
c.	FEC ID number of contributing federal political committee. Name of Employer Trilogy Cancer Care Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Scott Wilcher Mailing Address 6770 Timberlands Dr	Occupation Physician Aggregate	n n Year-to-Date ▼ 500.00	Date of Receipt 1 2 3 0 2 0 0 5
c.	FEC ID number of contributing federal political committee. Name of Employer Trilogy Cancer Care Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Scott Wilcher Mailing Address 6770 Timberlands Dr City	Occupation Physician Aggregate	Tip Code	Date of Receipt 1 2 3 0 2 0 0 5 Transaction ID: T9871
c.	FEC ID number of contributing federal political committee. Name of Employer Trilogy Cancer Care Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Scott Wilcher Mailing Address 6770 Timberlands Dr City Dayton	Occupation Physician Aggregate	n n Year-to-Date ▼ 500.00	Date of Receipt Date of Receipt
c.	FEC ID number of contributing federal political committee. Name of Employer Trilogy Cancer Care Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Scott Wilcher Mailing Address 6770 Timberlands Dr City Dayton FEC ID number of contributing federal political committee.	Occupation Physician Aggregate State OH	Tip Code 45414-2061	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee. Name of Employer Trilogy Cancer Care Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Scott Wilcher Mailing Address 6770 Timberlands Dr City Dayton FEC ID number of contributing	Occupation Physician Aggregate	Tip Code 45414-2061	Date of Receipt Date of Receipt
C .	FEC ID number of contributing federal political committee. Name of Employer Trilogy Cancer Care Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Scott Wilcher Mailing Address 6770 Timberlands Dr City Dayton FEC ID number of contributing federal political committee. Name of Employer J Scott Wilcher MD Inc Receipt For:	Occupation Physician Aggregate State OH C Occupation Physician	Tip Code 45414-2061	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee. Name of Employer Trilogy Cancer Care Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Scott Wilcher Mailing Address 6770 Timberlands Dr City Dayton FEC ID number of contributing federal political committee. Name of Employer J Scott Wilcher MD Inc	Occupation Physician Aggregate State OH C Occupation Physician	Zip Code 45414-2061	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Trilogy Cancer Care Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Scott Wilcher Mailing Address 6770 Timberlands Dr City Dayton FEC ID number of contributing federal political committee. Name of Employer J Scott Wilcher MD Inc Receipt For: Primary General Other (specify) General	C Occupation Physician Aggregate OH C Occupation Physician Aggregate	Zip Code 45414-2061 • Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Trilogy Cancer Care Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. John Scott Wilcher Mailing Address 6770 Timberlands Dr City Dayton FEC ID number of contributing federal political committee. Name of Employer J Scott Wilcher MD Inc Receipt For: Primary General	C Occupation Physician Aggregate OH C Occupation Physician Aggregate	Zip Code 45414-2061 • Year-to-Date ▼ 500.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 36/58 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Ohio State Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Hon Bill Harris Date of Receipt Mailing Address Statehouse Building 12 30 2005 Room 201, Second Floor City Zip Code State Transaction ID: T10127 Columbus OH 43215 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Refunds Issued to the Federal PAC Name of Employer Occupation ST_SENATE Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	500.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 37 / 58									
			Use separate schedule(s) or each category of the	(check only one)									
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$\overline{}$	NAME OF COMMITTEE (In Full)												
\rangle	Ohio State Medical Association Political	Action Co	mmittee										
۸.	Full Name (Last, First, Middle Initial) JP Morgan Chase Bank			Date of Receipt									
	Mailing Address P O Box 710634			07 29 7 2005									
	City	State	Zip Code	Transaction ID: T10139									
	Columbus	OH	43240-0634	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		161.44									
	Name of Employer JP Morgan Chase Bank	Occupation Physician		A Credit to the Federal Account									
	Receipt For:		Year-to-Date ▼	_									
	Primary General Other (specify) ▼		912.74										
	Full Name (Last, First, Middle Initial) JP Morgan Chase Bank			Date of Receipt									
-	Mailing Address P O Box 710634			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City	State	Zip Code	Transaction ID: T10140									
	Columbus	OH	43240-0634	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		178.65									
	Name of Employer JP Morgan Chase Bank	Occupation Physician		A Credit to the Federal Account									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		1091.39										
	Full Name (Last, First, Middle Initial)												
Э.	Chubb Group Of Insurance Companies			Date of Receipt									
	Mailing Address 120 Fifth Ave			09 26 7 2005									
	City	State	Zip Code	Transaction ID: T11506									
	Pittsburgh	PA	15222-3000	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		81070.00									
	Name of Employer	Occupation	1	Other Income to the Feder-									
	Chubb Group Of Insurance Companies	Physician	1										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼	0 0	81070.00										
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\ N	AME OF COMMITTEE (In Full)			
\rangle c	Ohio State Medical Association Political	Action Co	mmittee	
4. <u>J</u>	ull Name (Last, First, Middle Initial) P Morgan Chase Bank			Date of Receipt
_	lailing Address P O Box 710634			09 30 7 2005
	ity	State	Zip Code	Transaction ID: T10141
<u>C</u>	Columbus	OH	43240-0634	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		157.42
Ŋ	ame of Employer P Morgan Chase Bank	Occupation Physician		A Credit to the Federal Account
R	eceipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		1248.81	
	ull Name (Last, First, Middle Initial) P Morgan Chase Bank			Date of Receipt
_	lailing Address P O Box 710634			M M / D D / Y Y Y Y Y 1 1 0 3 1 2 0 0 5
C	ity	State	Zip Code	Transaction ID: T10142
<u>C</u>	Columbus	ОН	43240-0634	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		116.86
Ŋ	ame of Employer P Morgan Chase Bank	Occupation Physician		A Credit to the Federal Account
R	eceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1365.67	
	UNION CONTROL OF THE PROPERTY			
_	ull Name (Last, First, Middle Initial) P Morgan Chase Bank			Date of Receipt
M	lailing Address P O Box 710634			1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: T10143
<u>C</u>	Columbus	OH	43240-0634	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		160.24
Ŋ	ame of Employer P Morgan Chase Bank	Occupation Physician		A Credit to the Federal Account
R	eceipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼		1525.91	
SUE	TOTAL of Receipts This Page (optional)			434.52
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FOR LINE NUMBER: PAGE 39 / 58 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 14 **X** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Ohio State Medical Association Political Action Committee Full Name (Last, First, Middle Initial) A. JP Morgan Chase Bank Date of Receipt Mailing Address P O Box 710634 12 30 2005 City State Zip Code Transaction ID: T10144 Columbus OH 43240-0634 Amount of Each Receipt this Period FEC ID number of contributing C 155.18 federal political committee. A Credit to the Federal Account Name of Employer JP Morgan Chase Bank Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1681.09 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	155.18
TOTAL This Period (last page this line number only)	<u> </u>	81999.79

	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)					NE NUMBER: PAGE 40 / 58 only one)											
	EMIZED DISBURSEMENTS	Detailed	category of the Summary Page			21b) [>	22 28a		23 28b		24 28c		25 29		26 30b		
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam														าร			
Ë	NAME OF COMMITTEE (In Full)																	
$ \rangle$	Ohio State Medical Association Political A	ction Com	mittee															
Α.	Full Name (Last, First, Middle Initial)							Transaction ID: A1175126 Date of Disbursement										
Α.	American Medical Association Political Ac	tion Comn	nittee						of D	isburs	eme	ent 1 / C	γ ,	YY	Υ			
	Mailing Address 1101 Vermont Ave NW							0 ^M 9		L	19		2	Σ́οŏ	5			
	City Washington	State DC	Zip Code 20005-3521				Amount of Each Disbursement this Period											
	Purpose of Disbursement			Т			1	L.					10	0950	00			
	Candidate Name			С		egory/												
	Senate President	ement For: Primary Other (spe	2006 X General ecify)															
	State: District:																	
В.	Full Name (Last, First, Middle Initial) American Medical Association Political Ac	tion Comn	nittee							ion ID		_		/ · V	V			
	Mailing Address 1101 Vermont Ave NW							0,8	IVI	/ L	1 9]		Σοŏ	5 '			
	City Washington	State DC	Zip Code 20005-3521					Amou	ınt c	f Eacl	n Dis	sburs	emer	nt this	Perio	od		
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C.	American Medical Association Political Ac	tion Comn	nittee							isburs	eme			/ · V	V			
	Mailing Address 1101 Vermont Ave NW							1 0		, L	1 3	l L	2	Σοŏ	5			
	City Washington	State DC	Zip Code 20005-3521					Amou	ınt c	f Eacl	n Dis	sburs	emer	nt this	Perio	od		
	Purpose of Disbursement			Г			1	L.					8	1070	00			
	Candidate Name			С		egory/	1											
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	2006 X General ecify)															
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or 1	for commercial purposes, other than using the name	and addres	ss of any political	comr	nittee to	solici	t contri	butio	ns fro	m such	comr	nittee		
/	NAME OF COMMITTEE (In Full)													
/	Ohio State Medical Association Political Ac	ction Com	mittee											
	Full Name (Last, First, Middle Initial)						Transa	actio	n ID:	A1175	129			
۱.	American Medical Association Political Act	ion Comm	nittee				Date o	of Dist			v v		V	
	Mailing Address 1101 Vermont Ave NW						1 0		^D 2	4 /	2	0 Ď 5		
	,	State DC	Zip Code 20005-3521				Amour	nt of E	Each	Disburse	emen	t this F	erio	d
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	Candidate Name				egory/ ype									
	Office Sought: House Disburse	ment For:	2006											
	Senate	Primary	X General											
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<u>/</u>	Ohio State Medical Association Political A	ction Committee											
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۹.	American Medical Association Political Ad	tion Committee		Date of Disbursemen	nt								
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Hon David Goodman					Ction ID: Disburse	ement		V *	V	
Mailing Address Senate Building Room 125, First Floor				0 8 0]	5 /	2	0 Ď 5		
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/ Ohio State Medical Association Political A	ction Committee										
Full Name (Last, First, Middle Initial)				Trar	sact	ion ID:	A11740)42			
Hon. Derrick K. Seaver				Date)isburse		/ · V	· V	V	
Mailing Address 45 S Hamilton St				0 8	3 "	2	2 /	2	0 Ď 5		
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Full Name (Last, First, Middle Initial)				Trar	sact	ion ID:	A11740)43			
Hon Larry L. Flowers						isburse		, , , ,		V	
Mailing Address 77 South High Street 14th Floor				0 ^M 8	3 ^M	[/] 2	2 /	ž	0 Ď 5	Y	
City Columbus	State Zip Code OH 43215-6108			Amo	ount o	of Each	Disburse	emen	t this P	erio	i L
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Full Name (Last, First, Middle Initial)				Trar	sact	ion ID:	A11740)46			
Hon Kevin Coughlin				Date		isburse	ement	,		V	
Mailing Address Senate Building Room 137, First Floor				l o s) M	0	2 /	Ž	0 Ď 5	Y	
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/ Ohio State Medical Association Political	Action Committee											
Full Name (Last, First, Middle Initial)					Transa	actio	on ID:	A1174	1044			
Hon Bill Harris					Date o	of Dis			V .		V	
Mailing Address Statehouse Building Room 201, Second Flo	or				0 9	VI /	0	2 /	. 2	Ž 0 Ď 5		
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Hon. Matthew J. Dolan					Date o		sburse			/ * V *	V	
Mailing Address 77 S High St 12th FI					0,8		0	2 /	2	2 0 0 5		
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Republican Senate Campaign Committee	•				Date o			A1175 ement		YYY	Y	
Mailing Address 211 S Fifth St					0 9		0	2	2	2 0 0 5		
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Ohio State Medical Association Political Ac	tion Committee										
Full Name (Last, First, Middle Initial)						: A1174	047				
Hon Geoffrey C. Smith					of Disburs		Y Y	ν .	Y		
Mailing Address 77 South High Street 11th Floor				0 ^M 9		0 2 /	2 (0 Ď 5			
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Ohio State Medical Association Political A	ction Committee						
Full Name (Last, First, Middle Initial)					1174050		
Hon Jon Husted				Disbursem		Y Y	Y
Mailing Address 77 South High Street 14th Floor			0 9	15		ž 0 ŏ 5	
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Full Name (Last, First, Middle Initial) Hon Kevin DeWine				tion ID: A Disbursem	1174049		
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Hon. Randy L. Gardner				Disbursem		V * V *	V
Mailing Address Senate Building Room 220, Second Floor			1 0	03		ž 0 ŏ 5	
City Columbus	State Zip Code OH 43215		Amount	of Each Di	isburseme	nt this Pe	eriod
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Ohio State Medical Association Political A	ction Committee						
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Hon Larry A. Mumper				tion ID: A11 Disbursemen	nt	Y Y	7
Mailing Address Senate Building Room 222, Second Floor			1 0	11		0 0 5 [*]	
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Ohio State Medical Association Political Ac	tion Committee								
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Hon Jay Hottinger				M	of Disburs		YY	Y	7
Mailing Address Senate Building Room 039, Ground Floor				1 0		1 1	2 () Ó 5 `	
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Ohio State Medical Association Political Ad	ction Committee										
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Hon. John A. Carey, Jr.			Date of	Disburse		V V	V
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